POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Cm*	6814	3/2/10
O.I.P.E. CLASSIFIER	*Dw*	3 2	3/13
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
		7147	5/2

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim				Date						
Final	Original									
1	✔	✔	✔							
2	✔	✔								
3	✔	✔								
4	✔	✔								
5	✔	✔								
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7	✔	✔								
8	✔	✔								
9	=	=	✔							
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If more than 150 claims or 10 actions
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